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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/974,724
Filing Date	10/09/2001
First Named Inventor	Toyoshima
Art Unit	2681
Examiner Name	Unk.
Attorney Docket Number	50P4257.04

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

36738

☐ Please change the correspondence address for the above-identified application to:

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OR

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Harold T. Fujii		
Signature			
Date	JAN 27, 2004	Telephone	(408) 955-5499

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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